
Public Transportation Subsidy Program Authorization for Third Party Pick-up of Transit Subsidy

An authorized co-worker may only pick-up transit fare media for ONE absent employee.

I will be unable to pick up my transit fare media directly from the disbursing agent for the Monthly/Quarterly Distribution period checked below.

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|--------------------------------------------------------------|-----------------------------------|-----------------------------------|------------------------------------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December | <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March |
| <input type="checkbox"/> April | <input type="checkbox"/> May | <input type="checkbox"/> June | <input type="checkbox"/> July | <input type="checkbox"/> August | <input type="checkbox"/> September |
| <input type="checkbox"/> Quarter 1: October through December | | | <input type="checkbox"/> Quarter 2: January through March | | |
| <input type="checkbox"/> Quarter 3: April through June | | | <input type="checkbox"/> Quarter 4: July through September | | |

I authorize the following co-worker to pick up my transit subsidy fare media *(Please print first and last name)*

Signature of absent employee	Date of authorization
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The above authorized co-worker must present their badge and this completed form to the disbursing agent. The authorized co-worker will then print the absent employee's name and SEID number and sign their own name on Form 11664-F, PTSP Signature Sheet for Upfront Monthly/Quarterly Distribution. The cashier will then retain this form.

Name of absent employee *(Please print first and last name)*

SEID number of absent employee

Check the appropriate Business Unit symbol *(Absent Employee)*

☐ APPZ ☐ ATTY ☐ AWSS ☐ CALC ☐ CIDV ☐ LMSB ☐ MITS ☐ NHQM ☐ SBSE ☐ TPAX ☐ TEGE ☐ TIGTA ☐ WAGE

Office telephone number of absent employee *(Include Area Code)*

Estimated dollar value of transit fare media to be obtained from the disbursing agent

Name of Manager of Record <i>(Absent employee)</i>	Phone number of Manager <i>(Absent employee) (Include Area Code)</i>
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Additional comments

PRIVACY ACT STATEMENT

This information is solicited under authority of 5 U.S.C. 301. Furnishing the information is voluntary, but failure to provide all or part of the information may result in disapproval of your request for a public transit fare benefit. The purpose of this information is to facilitate timely processing of your request, to ensure your eligibility, and to prevent misuse of the funds involved. Information in this record may periodically be used to ensure that the amount of subsidy requested and received by you is proper. This information may be disclosed to the Department of Transportation to perform its duties under an interagency agreement. Making a false, fictitious, or fraudulent certification may render you subject to criminal prosecution under Title 18; United States Code, Section 1001, Civil Penalty Action; providing for administrative recoveries of up to \$10,000 per violation; and/or agency disciplinary actions up to and including dismissal.